

**STRUCTURAL PEST CONTROL BOARD**

1418 HOWE AVENUE, SACRAMENTO, CA 95825

Telephone Numbers:



Administration Unit (916) 263-2540
 Examination/Licensing /Records Storage (916) 263-2544
 Complaint Unit (916) 263-2533
 FAX (916) 263-2469
www.dca.ca.gov/pestboard

CERTIFICATE OF EXPERIENCE

In accordance with Section 8562 of the Structural Pest Control Act, an applicant for the Operator's Examination must submit proof satisfactory to the Board that he/she has had experience for a period of not less than the time specified opposite the branches listed below in the employ of a registered company in the State of California in the particular branch or branches of pest control for which the applicant desires to be licensed, or the equivalent of such experience.

Branch 1 2 Years OR 3200 hours
Branch 2 2 Years OR 3200 hours

Branch 3 4 Years OR 6400 hours
Wood Roof Cleaning & Treatment 2 Years OR 3200 hours

Experience must be certified on this form. This form must be filled out and signed by the qualifying manager on behalf of the applicant.

Full Name of Applicant:	
Full Time Employment:	Part Time Employment:
From _____ to _____ mo day year mo day year	From _____ to _____ mo day year mo day year
Total hours worked _____.	Total hours worked _____.
Duties: (job titles are unacceptable; duties must be detailed and specific)	
A separate Certificate of Experience must be filled out for each branch.	
I certify under penalty of perjury under the laws of the State of California that the above named applicant has been employed for the period indicated above and in the course of such employment has obtained experience as stated above.	
Company Name:	
Address of Principal Office:	Telephone Number: Area Code ()
Signature of Qualifying Manager:	Date Signed:
Name of Qualifying Manager:	License No.: